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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| Application Number | 09/782,936 | | | | |
|------------------------|------------------------------|--|--|--|--|
| Filing Date | February 14, 2001 | | | | |
| First Named Inventor | Vivian E. Mack Strong et al. | | | | |
| Group Art Unit | 1614 | | | | |
| Examiner Name | Frederick F. Krass | | | | |
| Attorney Docket Number | 10603/4071 (CDE D 2508A) | | | | |

| | | | Examiner Name | | Frederick F. Krass | | |
|--|---|--|--|------|--|--|--|
| Total Number of Pages in This Submission 4 | | | Attorney Docket Number | | 19603/4071 (CRF D-2598A) | | |
| ENCLOSURES (check all that apply) | | | | | | | |
| Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application A copy of the Notice to Missing Parts | | Drawing Declarate Licensin Petition Applicate Power of Change of Termina Request | ion and Power of Attorney g-related Papers to Convert to a Provisional | | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt with Enclosures A self-addressed, prepaid postcard for acknowledging receipt Response to Communication | | |
| under 37 CFR 1.52 or 1.53 Rema | | | The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. | | | | |
| | SIGNATUI | RE OF APPL | ICANT, ATTORNEY, O | R A | GENT | | |
| Firm or Individual name | Goldman body LLP uare, P.O. Bo New York 1 : (585) 263-1 | 4603-1051 | | | | | |
| Signature | Tui | 5) 263-1600 Registration No. 30,727 | | | | | |
| Date | Mar | J 12 | 5200Y | | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at | | | | | | | |
| (703) <u>March 12, 2004</u> Date | · | | | endy | nature L. Barry printed name | | |

OTPETRANSMITTAL FOR FY 2004 Patent less are subject to annual revision. The state of the stat

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| <u> </u> | pplicant clai t) | small entity | y status. | See 37 | CFR 1 | .2 |
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| U | ADED | | | | | |

| | Complete if Known | |
|----------------------|------------------------------|--|
| Application Number | 09/782,936 | |
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| First Named Inventor | Vivian E. Mack Strong et al. | |
| Examiner Name | Frederick F. Krass | |
| Art Unit | 1614 | |
| Attorney Docket No. | 19603/4071 (CRF D-2598A) | |

| METHOD OF PAYMENT (check all that apply) | | | | FE | E CALCU | LATION (con | tinued) | |
|--|-----------------------------|------------|------------|---------------|--|--|--|-----------------|
| Check Credit Card Money Other None | 3. A | DDITIO | NAL I | FEES | · | <u> </u> | | |
| Deposit Account: | Large Entity Small Entity | | | | | | | |
| Deposit | Fee | Fee | Fee | Fee | | Fee Descript | tion | |
| Account 14-1138 Number | Code | (\$) | Code | (\$) | C | 1-4- 61: 6 | 41- | |
| Number | 1051 | 130 | 2051 | 65 | _ | late filing fee or | | |
| | 1052 | 50 | 2052 | 25 | sheet | iate provisional i | iling fee or cover | |
| Deposit | 1053 | 130 | 1053 | 130 | | specification | | |
| Account Nixon Peabody LLP | | | 1812 | | _ | - | uta manuaminatian | <u> </u> |
| Name | 1812 | 2,520 | | 2,520 | _ | request for ex par | | |
| The Commissioner is authorized to: (check all that apply) | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner | | | |
| | 1805 | 1,840* | 1805 | 1,840* | action Requesting publication of SIR after Examiner | | | |
| Charge fee(s) indicated below Credit any overpayments | 1005 | 1,010 | 1005 | 1,040 | action | publication of bil | Kuller Examiner | |
| Charge any additional fee(s) | 1251 | 110 | 2251 | 55 | | | | 55 |
| Charge fee(s) indicated below, except for the filing fee | 1252 | 420 | 2252 | 210 | Extension for reply within second month | | | |
| to the above-identified deposit account. | 1253 | 950 | 2253 | 475 | Extension for reply within third month | | | |
| EDE CALCULATION | | | 2254 | 740 | • • | | | |
| FEE CALCULATION | 1254 | 1,480 | i . | | Extension for reply within fourth month | | | |
| 1. BASIC FILING FEE | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | | | |
| Large Entity Small Entity | 1401 | 330 | 2401 | 165 | Notice of Appeal | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid | 1402 | 330 | 2402 | 165 | Filing a brie | f in support of an | appeal | |
| (a) Code (a) Fee Laid | 1403 | 290 | 2403 | 145 | Request for | oral hearing | | |
| 1001 770 2001 205 11/11/1-51/5 | 1451 | 1,510 | 1451 | 1,510 | - | nstitute a public u | ise proceeding | |
| 1001 770 2001 385 Utility filing fee | 1452 | 110 | 2452 | 55 | | evive – unavoidal | - | <u> </u> |
| 1002 340 2002 170 Design filing fee | | | | | | | | |
| 1003 530 2003 265 Plant filing fee | 1453 | 1,330 | 2453 | 665 | Petition to n | evive – unintentio | onai | |
| 1004 770 2004 385 Reissue filing fee | 1501 | 1,330 | 2501 | 665 | Utility issue | fee (or reissue) | | |
| 1005 160 2005 80 Provisional filing fee | 1502 | 480 | 2502 | 240 | Design issue | e fee | | |
| | 1503 | 640 | 2503 | 320 | Plant issue f | ee | | |
| SUBTOTAL (1) $(\$)$ 0 | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner Processing fee under 37 CFR 1.17(q) | | | |
| | 1807 | 50 | 1807 | 50 | | | | <u> </u> |
| 2 EVEDA CLAIM EFEC FOR HEIL ITY AND DEICCHE | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property | | | <u> </u> |
| Fee from Extra Claims below Fee Paid | 8021 | 40 | 8021 | 40 | (times number of properties) | | | |
| Total Claims -20** = X = 0 | 1809 | - 770 | 2809 | 385 | Filing a sub | mission after fina | ıl rejection | |
| , | 1010 | 770 | | 205 | (37 CFR 1.1 | | 4-1 | |
| Independent3** = X = _0 | 1810 | 770 | 2810 | 385 | (37 CFR 1.1 | ditional invention 29(b)) | to be examined | |
| Multiple Dependent X = 0 | 1801 | 770 | 2801 | 385 | | Continued Exam | ination (RCE) | |
| | | | | | | | | |
| Large Entity Small Entity | 1802 | 900 | 1802 | 900 | | expedited examin | nation of a design | |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) | | | l . | | application | application | | |
| | Other | fee (speci | fy) | | | | | L |
| 1202 18 2202 9 Claims in excess of 20 | | | | | | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | *Dad | red by Pa | eic Fili- | g Fee Paid | • | SUBTOTAL (| 3) (\$) 55 | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | cuu | ccu by Da | iorę Pilli | B I CC I alu | | JOBIOTAL (. | -, <u>(4) 33</u> | |
| 1204 86 2204 43 ** Reissue independent claims over | Į. | | OFDER | TO A TE OF | | D 770 4 3 163 41661 | ON 127 OFF 1 0/ N | |
| original patent | l | | | | | | ION [37 CFR 1.8(a)] | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and | 1 heret | | | - | ence is being: | • | | |
| over original patent | | | | | | stal Service on the elope addressed t | he date shown below v | vith sufficient |
| SUBTOTAL (2) (\$) 0 | 1 | | | | | | Iria, VA 22313-1450 | |
| **or number previously paid, if greater; For Reissues, see above | ł | □ tra | ansmitte | d by facsimi | ile on the date | shown below to | the United States Pate | ent and |
| | | | | c Office at (| | | Sul An | 1 4 1 |
| | 1 | March 1 | 2. 2004 | | | all | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | vy |
| | | Dat | | | | | Signature | |
| | | | | | | | ndy L. Barry | |
| | | | | | | 1 yped | or printed name | |
| SUBMITTED BY | | | | | | Complete (if a | pplicable) | |
| Michael L. Goldman | Regist | tration N | lo. | 30,727 | | | (585) 263-1304 | 4 |
| Name (Print Type) | | | | -, | | Telephone | · . · | |
| Signature / Multiple J. John | \-~ | | ~_ | | | Date | March | 12,2004 |